PTO/SB/30 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE nd to a collection of information unless it displays a valid OMB control number.

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## Request for Continued Examination (RCE) Transmittal

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| , | respond to a collection of information driess it displays a valid Civils control number. |                        |  |  |  |  |
|---|--|------------------------|--|--|--|--|
|   | Application Number   | 10/774,682-Conf. #9428 |  |  |  |  |
|   | Filing Date  | February 9, 2004       |  |  |  |  |
|   | First Named Inventor   | Thomas Rueckes         |  |  |  |  |
|   | Art Unit   | 2823                   |  |  |  |  |
|   | Examiner Name  | W. D. Coleman          |  |  |  |  |
|   | Attorney Docket Number   | 0112020.00129US2       |  |  |  |  |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

| 1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.   |  |  |  |  |  |  |  |
| i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on  |  |  |  |  |  |  |  |
| ii. Other   |  |  |  |  |  |  |  |
| b. x Enclosed   |  |  |  |  |  |  |  |
| i. Amendment/Reply iii. X Information Disclosure Statement (IDS)  |  |  |  |  |  |  |  |
| ii. Affidavit(s)/Declaration(s) iv. X Other Return Receipt Postcard   |  |  |  |  |  |  |  |
| 2. Miscellaneous  |  |  |  |  |  |  |  |
| a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  |  |  |  |  |  |  |  |
| b. Other  |  |  |  |  |  |  |  |
| 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.   |  |  |  |  |  |  |  |
| a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any  |  |  |  |  |  |  |  |
| overpayments to Deposit Account No. <u>08-0219</u> . I have enclosed a duplicate copy of this sheet.  |  |  |  |  |  |  |  |
| i. X RCE fee required under 37 CFR 1.17(e)  |  |  |  |  |  |  |  |
| ii. Extension of time fee (37 CFR 1.136 and 1.17)   |  |  |  |  |  |  |  |
| iii. Other  |  |  |  |  |  |  |  |
| b. Check in the amount of \$ enclosed   |  |  |  |  |  |  |  |
| c. Payment by credit card (Form PTO-2038 enclosed)  |  |  |  |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED   |  |  |  |  |  |  |  |
| Signature Date October 25, 2006   |  |  |  |  |  |  |  |
| Name (Print/Type) Peter M. Dichiara Registration No. 38,005   |  |  |  |  |  |  |  |

| I hereby certify that this paper (along with a the date shown below with sufficient postag | ny paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on e as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box |
|--|---|
| 1450, Alexandria, VA 22313-1450.   | A = M   |
| Dated: October 25, 2006  | Signature: (Fay Guarino)  |

01 FC:2801

PTO/SB/17 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no person are required to re

Effective on 12/08/2004, ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## **FEE TRANSMITTAL** For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

PARTY & TRADEN

TOTAL AMOUNT OF PAYMENT 395.00

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|---------------------------------|--|--|--|--|
| Co                              | mplete if Known                                      |  |  |  |
| Application Number              | 10/774,682-Conf. #9428                               |  |  |  |
| Filing Date                     | February 9, 2004                                     |  |  |  |
| First Named Inventor            | Thomas Rueckes                                       |  |  |  |
| Examiner Name                   | W. D. Coleman  |  |  |  |
| Art Unit                        | 2823   |  |  |  |
| Attorney Docket No.             | 0112020.00129US2                                     |  |  |  |

| METHOD OF PAYMENT (check all that apply)                        |                    |                   |                        |                |                                    |                |   |                           |                          |
|---|--------------------|-------------------|------------------------|----------------|------------------------------------|----------------|---|---------------------------|--------------------------|
| Check   | Credit Car         | d 1               | Money Order            | None           | Other (                            | please identif | y):                                     |                           |                          |
| X Deposit Ac  | count Deposit      | Account Num       | ber: 08-0219           | Deposit Accoun | t Name: Wil                        | mer Cutler     | Pickering H                             | ale and Dor               | r LLP                    |
| For the   | above-identific    | ed deposit        | account, the D         | Director is he | ereby authorize                    | ed to: (check  | all that apply                          | )                         |                          |
|   | narge fee(s) ir    |                   |                        |                |                                    |                | cated below, e                          |                           | e filing fee             |
|   | narge any add      | litional fee(     | (s) or underpay        | ment of        | x Credit                           | any overpay    | ments                                   |                           |                          |
| fer   | e(s) under 37      | CFR 1.16          | and 1.17               |                |                                    |                |   |                           |                          |
| FEE CALCUL  |                    |                   |                        |                |                                    |                |   |                           |                          |
| 1. BASIC FILING   | G, SEARCH,         |                   | MINATION FE<br>IG FEES |                | CH FEES                            | EYAMINI        | ATION FEES                              | <u>.</u>                  |                          |
|   |                    | FILIN             | Small Entity           | SEAN           | Small Entity                       |                | Small Entity                            |                           |                          |
| Application Ty  | <u>/pe</u>         | Fee (\$)          | Fee (\$)               | Fee (\$)       | Fee (\$)                           | Fee (\$)       | Fee (\$)                                | Fees Pa                   | aid (\$)                 |
| Utility   |                    | 300               | 150                    | 500            | 250                                | 200            | 100                                     |                           | <del></del>              |
| Design  |                    | 200               | 100                    | 100            | 50                                 | 130            | 65                                      |                           |                          |
| Plant   |                    | 200               | 100                    | 300            | 150                                | 160            | 80                                      |                           |                          |
| Reissue   |                    | 300               | 150                    | 500            | 250                                | 600            | 300                                     |                           |                          |
| Provisional   |                    | 200               | 100                    | 0              | 0                                  | 0              | 0                                       |                           |                          |
| 2. EXCESS CLA   | AIM FEES           |                   |                        |                |                                    |                |   | _                         | imall Entity<br>Fee (\$) |
| Fee Description   | 20 (; 1 1;         | n :               |                        |                |                                    |                |   | Fee (\$)                  |                          |
| Each claim over   |                    | -                 |                        |                |                                    |                |   | 50<br>200                 | 25<br>100                |
| Each independe<br>Multiple depend                               |                    | 3 (includi        | ng Keissues)           |                |                                    |                |   | 360                       | 180                      |
| • •   |                    | alma              | Eng (\$)               | Fee Paid       | d (\$)                             | Mui            | Itiple Depend                           |                           | 100                      |
| Total Claims  | Extra CI           | x                 | Fee (\$)<br>=          | reeran         | u (#)                              | Fee            | 7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | Fee Paid (\$)             |                          |
| HP = highest num  | ber of total claim |                   | greater than 20.       |                |                                    |                |   |                           |                          |
| Indep. Claims   | Extra CI           | aims              | Fee (\$)               | Fee Pai        | d (\$)                             |                |   |                           | -                        |
|   | - =                | ×                 |                        |                |                                    |                |   |                           |                          |
| HP = highest num  | ber of independe   | nt claims pai     | d for, if greater tha  | an 3.          |                                    |                |   |                           | _                        |
| 3. APPLICATIO   |                    |                   |                        |                |                                    |                | •                                       |                           |                          |
| If the specifica  | tion and draw      | vings exce        | ed 100 sheets          | of paper (ex   | cluding electr<br>s \$250 (\$125 f | onically file  | d sequence of                           | computer<br>additional 50 |                          |
|   |                    |                   | J.S.C. 41(a)(1)        |                |                                    | or sman cm     | ity) for each c                         | iddittional 50            |                          |
| Total Sheet   |                    | ra Sheets         |                        |                | itional 50 or frac                 | tion thereof   | Fee (\$)                                | Fee P                     | aid (\$)                 |
| - 100 = /50 (round <b>up</b> to a whole number) x =             |                    |                   |                        |                |                                    |                |   |                           |                          |
| 4. OTHER FEE(   | S)                 |                   |                        |                |                                    |                |   | Fees F                    | aid (\$)                 |
| Non-English Specification, \$130 fee (no small entity discount) |                    |                   |                        |                |                                    |                |   |                           |                          |
| Other (e.g., l  | ate filing sure    | :harge): <u>2</u> | 801 Request            | for continu    | ued examinat                       | tion (RCE)     | (see 37                                 | 395                       | 5.00                     |
| SUBMITTED BY  |                    |                   |                        |                |                                    |                |   |                           |                          |
| Signature   | 4-2                |                   | ER &                   |                | egistration No.<br>torney/Agent)   | 38,005         | Telephone                               | (617) 526                 | -6000                    |
|   |                    |                   | <del>~ ~</del>         |                | ·/· <u>v</u> - ·/                  |                | 1                                       |                           |                          |

| SUBMITTED BY      |                   |                                   |        |           |                  |
|-------------------|-------------------|-----------------------------------|--------|-----------|------------------|
| Signature         | the               | Registration No. (Attorney/Agent) | 38,005 | Telephone | (617) 526-6000   |
| Name (Print/Type) | Peter M. Dichiara |                                   |        | Date      | October 25, 2006 |
|                   |                   |                                   |        |           |                  |

| I hereby certify that this paper (along with ar<br>the date shown below with sufficient postage | ny paper referred<br>e as First Class N | to as being att | ached or enclosed)<br>lope addressed to: | is being deposited with the UMS RCE, Commissioner for | J.S. Postal Service on<br>Patents, P.O. Box |
|---|---|-----------------|--|---|---|
| 1450, Alexandria, VA 22313-1450.  |   |                 | y_                                       |   |   |
| Datada Oatabas 05, 2006   | Cinnatura                               | Jan             |  | (Fay Guarino)   |   |